	IISSO	URI	Di	VIS	ION OF HEALTH -	STANDARD (OF DEATH		-62-0	44207
DO NOT WRITE ON THIS STUB	DEPARTMENT OF P			●L() R	egistration District No.	Primary Registr	ation Distric 1003	Registrar's No.	11656	STATE FILE NU	MBER
				_	PLACE OF DEATH	1962		II .	CE (Where deceased li	ived. If institution:	
VS 300 Rev. 4/59	AMENDED		1	l		TOWARDUR II.			Souri b. COUNTY		admission)
, 0,	Z				b. CITY (If outside corporate limit OR TOWN St. Touris	s, give IOWNSHIP only)	Length of stay in 1b	C. CITY OR TOWN	1		Inside Limits Yes No
1				—	c. FULL NAME OF (If NOT in host	sital, give location)	8 days		(If outside	, give location)	Reside on Farm
2 21	4			_	HOSPITAL OR	Manor Nurs.	Home Yes X No C	l ADDRESS	23 Mardel		Yes No
3	1/-	11	7	-:	B. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE A	Aonth Day	Year
					(Type of print)	CAR	J	FISCHER	DEATH Decem	iber 3	1962
4 0				7	5. SEX 6. COLOR			-	9. AGE (last birthda)	() IF UNDER 1 YEAR Months Days	IF UNDER 24 HR
5 2				۱ ـ.	male whi	lte [wed X Divorced [177/55/100	79 years		
6	_ε			"	Da. USUAL OCCUPATION (Give kind of during most of working life, even	if retired)	OF BUSINESS OR INDUST		ity and state or country		WHAT COUNTRY
 _	§	11		13	foreman Ba. FATHER'S NAME	. I Hot	el Supply 36. mother's maiden na	<u> Edwardsvi</u>]	le, Illinoi	S U S	A
7 /	I I					,					•
8 2 1	ഗി				Joseph Fischer s. was deceased ever in u.s. ar		Johanna Grat	17. INFORMANT	HALCIE	Fischer Address	
9	E A		(Yes, no, or unknown) (If yes, give war or dates of service No Dorothy Fehrman - 10507 Repose Dr								r .
10	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	`	I I ■ I 18. CAUSE OF DEATH (Enter only one cause per line to							_ IN	TERVAL BETWEEN
			WE			ATE CAUSE (a)	Breule	MULLIAME	à.	4	7 apris
11			DOCUMEN		,		6	3			
$12Y_{max} = 0.1$. .	ŏ.		Conditions, if any,) which gave rise to	DUE TO (b)	rellaille	MIRIA			3 MARI
	THIS	++	- ′,		above cause (a), stating the under- lying cause last.	DUE TO (c)	generalin	2 D+ CURE	hed sittie	cieliane	: 10 Mas
	Z		(NO	PART II. OTHER SI	GNIFICANT CONDITION	CONTRIBUTING TO BE	ATH but not related to	the terminal PAR	T III. If deceased	
86	2		٠,	CATIC	disease col	ndition given in PART I (a	1. A. A. Cas	1204 1 DIST	A train	Yes	ncy in last 90 days.
				TIFIC	19. WAS AUTOPSY 20a. ACCID	ENT JUICIDE HOMIC	DE 20b. DESCRIBE H	OW INJURY OCCURRED.	(Enter nature of injury		1 -
ļ	<u></u>			CERTIF	19. WAS AUTOPSY 208. ACCID: PERFORMED? YES NO 1		·	3504	,		·
V NO	AMENDMENTS			MEDICAL	20c. TIME OF Hour Month, INJURY a.m.	Day, Year				,	·
BLACK INK OR RITER RIBBON		.		₹	20d. INJURY OCCURRED	20e. PLACE OF INJURY	(e.g., in or about home,	20f. CITY, TOWN, OR	LOCATION	COUNTY	STATE
¥ &					WHILE AT WORK ☐ NOT WHILE AT WORK ☐	farm, factory, stre	et, office bldg., etc.)				
A & #	READ				21. I attended the deceased from.	195	9 10 12	13/62 and	last sawalive on_	12/1/6	94
15 15					Death occurred at	730 PV	1/1m on	the date stated above, as		nowledge, from the ca	iuses stated.
USE	апонѕ		P.		22a, SIGNATURE_	(Degree or title	<u> </u>	22b. ADDRESS	· ·		22c. DATE SIGNED
USE BLACH OR TYPEWRITER	돐		VITC		Donnes	O WA	40 MO	18230 F	Ofertio	Destous	12/4/60
-		++	–≩l	23	a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)	23c. f	NAME OF CEMETERY OR C		d. LOCATION City, to	own, or gounty)	(State)
	Š.		AFFIDA\	_ ا	burial Dec 6	<u>, 1962 C</u>	alvary Cemete	ery	St. Louis,	Mis	ssouri
	ITEM		_		FUNERAL DIRECTOR	ADDRESS	25. D.	ALE RECD. BY 1902 RE	G. 26, GISTRĀRS	SIGNATURE	Mp.
				BU	CHHOLZ MORTUARY-59	67 W.Floriss	ant Ave. Du		The state	anun.	11.01

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
StudentSignature of Student Embalmer	_ Signed Rouphit Junden
	Licensed Embalmer No. 4255
	P. O. Address At Zone; Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.